

FILED

08 JUN -2 PM 12:10

U.S. DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA

BY: ECL DEPUTY

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF CALIFORNIA

Eufemia Alamo Ramirez  
Plaintiff

v.  
Federal Bureau of Prisons  
Western Regional Office  
Defendant

Civil No. 08 CV 0976 WQH CAB

REQUEST FOR APPOINTMENT OF  
COUNSEL UNDER THE CIVIL RIGHTS  
ACT OF 1964, 42 U.S.C. 2000e 5(f)(1);  
DECLARATION IN SUPPORT OF  
REQUEST

1. I, the plaintiff in the above-entitled employment discrimination action, request that the court appoint an attorney to represent me in this matter. In support of this request, I state as follows:

- 19 A. my claim is meritorious (that is, I have a good case), and
- 20 B. I have made a reasonably diligent effort to obtain counsel, and
- 21 C. I am unable to find an attorney willing to represent me on terms that I can afford.

23 2. A copy of the Notice-of-Right-to-Sue-Letter I received from the Equal Opportunity Commission is attached to the complaint which accompanies this request for counsel.

25 3. A. Does the Notice-of-Right-to-Sue-Letter show that the Commission found "no reasonable cause" to believe the allegations made in your charge were true?

27  Yes  No

1 IF YOUR ANSWER IS "YES," YOU MUST ATTACH A COPY OF THE  
2 COMMISSION'S INVESTIGATIVE FILE TO THIS REQUEST AND ANSWER QUESTIONS B  
3 AND C.

4 B. Do you question the correctness of the Commission's "no reasonable cause"  
5 determination?

6  Yes  No

7 C. If you answered "yes" to question 3B, what are your reasons for questioning the  
8 Commission's determination? Be specific and support your objections with fact. Do not simply  
9 repeat the allegations made in your complaint; the court will review your complaint in considering this  
10 request for counsel.

11 *See attached.*  
12  
13  
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27

28 (Attach additional sheets as needed)

Response to the Reason for  
Anyting loss of Function of  
My left forearm

Since the injury since 27, 2008 I lost some of the function of my left forearm due to pain and discomfort, and deformity very visible from any onlookers. I will favor this left arm all my life when I could have used both in full function if I did not fall and sustained fracture. Enclosed are medical write ups about the deformity and the continued use of pain medications. I would like to do away with pain medications which might not be healthy for my life.

I cannot play volleyball anymore for fear I will hurt this broken left forearm neither can I lift anything without the fear of my arm not having the strength to do the job. I will be limited to play tennis with the use of my left arm.

I am a consultant and my

job requires the use of both typewriter and computer. My left hand does not have the tolerance of using keys for longer periods of time without stopping in between. This is my lifetime earning power and I will be financially affected with this handicap.

I disagree to any of the assumptions in the Part of the Western Regional office without examination from the medical staff. Medical Team has continued to prescribe me pain medications.

To this end I am denying the reason for denying my claim submitted to Western Regional office. I am given a chance to sue for this reason.

Eufemia Adams Ramirez  
93787 198  
Metropolitan Correctional  
Center  
808 Union St.  
San Diego, Ca., 92101

8/21/06 2:30 PM From: Rina Jain MD

Page 2 of 4

Encounter Note by Rina Jain MD (DOS: 08/18/2006)

**Ramirez, Eufemia**

69 year old Female (DOB: 09/14/1936)

X-Ray

Measure	Range	Units	Date	Time
X-Ray Type			8/18/06	8/18/06

X-Ray R Wrist 2V L Wrist 2

**Chief Complaint:****Onset Date:** not enteredRAMIREZ, Eufemia 95287-198  
08-18-06

DEBRA LACY, MD

AUG 23 2006

**CHIEF COMPLAINT:** Left wrist fracture.

**HISTORY OF PRESENT ILLNESS:** This patient is presently an inmate at Metropolitan Correctional Center of San Diego. Patient sustained an injury on 06-27-06. She has been followed by Dr. Jonathan Myer. Currently, she is in a cast, which we are removing today.

**CURRENT COMPLAINTS:** Continues to complain of some pain around the left wrist. Present intermittently, exacerbated with activity. Also complains of deformity.

**REVIEW OF SYSTEMS:**

General - No fever or chills.

Respiratory - Negative.

**PHYSICAL EXAMINATION:** Appears to be well, no distress, no agitation. Awake, alert and oriented to person, place, time.

Examination of left wrist out of cast shows that there are no skin abrasions. Has a very mild clinical deformity with radiation deviation, slight dorsal angulation. Can dorsiflex wrist 20 degrees, volar flex 10 degrees. Neurovascular status grossly intact.

**DIAGNOSTIC STUDIES:**

X-RAYS - I obtained x-rays AP lateral left wrist in my office today. These show that she had a left distal radius fracture, comminuted intraarticular. There is no articular displacement. There is some shortening by 3 mm at the distal radius. Slight loss of radial inclination. In addition, I do see a fracture line through the ulnar styloid, but this is incomplete. The fracture does appear to be healing compared to x-rays taken on 07-10-06. The distal radius has dorsal angulation of 10 degrees. X-rays from 07-10-06 had indicated neutral angulation of the distal radius articular surface on the lateral x-ray.

**DIAGNOSTIC IMPRESSION:**

1. Left distal radius, distal ulna fractures, mildly displaced with deformity.

**PLAN:** At this point, patient does not require immobilization. Clinically, her fracture has healed. When I examined her, she was not particularly tender over the wrist. I think that she does require mobilization with exercises and possibly physical therapy. Presently, is in custody. I am not sure if she will be able to have access to therapy. We have given her custody officers a copy of exercises that the patient can do on her own.

She does not require the use of a sling. I have carefully explained to the patient that immobilization with a sling and/or splint will lead to stiffness. I have also warned her that she will have a permanent deformity due to some slight angulation at the fracture site.

7/14/06 3:12 PM From: S. A. D. Jones

Page 2 of 3

**Encounter Note** by Jonathan J. Myer MD (DOS: 07/10/2006)**Ramirez, Eufemia**

69 year old Female (DOB: 09/14/1936)

**X-Ray**

Measure	Range	Units	7/14/06
X-Ray 1/206			
X-Ray			R Wrist 2V

**Chief Complaint:****Onset Date:** not entered**RAMIREZ, Eufemia**

95287-198      7      1      0      /      0      6

She is here today for followup of her left distal radius fracture. She's still having some wrist pain. She has been working on range of motion of her elbow and fingers. She denies any fever or chills.

**PHYSICAL EXAMINATION:** Left wrist: Short arm cast is in place. No signs of cast breakage. Pretty good range of motion at her digits.

**X-RAYS:** X-rays taken today in plaster show her minimally displaced distal radius fracture with intraarticular extension. There has been a little collapse, 1 mm of shortening, a little dorsal angulation, about neutral on the lateral x-rays.

**PLAN:** We went through the x-ray findings and the patient demonstrates understanding. I think she should do well with continued conservative treatment. We'll see her back in five weeks' time, sooner if there is a problem. At her next visit, we'll obtain x-rays, AP and lateral out of plaster.

JJM/kv

[Pending sign off by Jonathan J. Myer MD]

JUL 19 2006

From: Ursula Jones

Page 2 of 4

Entered MD (DOS: 06/30/2006)

1/1936)

*Aufemia Ramirez*

Entered

IN 95287-198

**COMPLAINT:** Left distal radius fracture.**HISTORY OF PRESENT ILLNESS:** The patient is an inmate at Metropolitan Correctional Center of San Diego. She is here today in custody, status post slip and fall onto an outstretched left arm on 6/27/06. She reports she fell forward with her left arm and hand extended. She was seen and evaluated at the correctional facility, x-rays were taken, a splint was placed, and the patient was treated with ibuprofen and referred to orthopedics. She complains of increased swelling. She denies any fever or chills. She denies any break in skin.**MEDICAL HISTORY:** Hypertension, borderline diabetes, hypercholesterolemia, hypothyroidism.**SURGICAL HISTORY:** Thyroidectomy.**REVIEW OF SYSTEMS:** The patient denies any heart, lung, liver or kidney problems. The rest of the review of systems checklist was negative.**ALLERGIES:** She reports that blood pressure medications make her itchy. She is allergic to Bactrim and Lisinopril.**PHARMACOLOGICAL THERAPY:** She's on triamterene. She was previously on a diabetic pill, but this made her hyperglycemic.**SOCIAL HISTORY:** She denies smoking or drinking of alcohol.**PHYSICAL EXAMINATION:** The patient is 4'10", 126 lb. She's in no apparent distress. She's awake, alert and oriented x 3. Mood and affect are appropriate. The patient is cooperative.**Physical Exam:** Soft tissue swelling is seen as well as some ecchymoses. No other gross angular deformity is appreciated. There is tenderness to palpation at the distal radius. Decreased range of motion at her digits. She's neurovascularly intact.**Radiographs:** X-rays taken at an outside institution on 6/27/06 show a minimally displaced distal radius fracture with no significant extension.**DIAGNOSIS:** Distal radius fracture, intraarticularly extending.

The diagnosis, prognosis and therapeutic interventions for this problem were discussed in full with the patient. Her fracture stays in its current position, it should do well in a short arm cast. She has enough decreased swelling, no compartment syndrome that we can place a short arm cast today. She'll continue with elevation and start moving her digits on her own. We'll see her back in one week's time, sooner if there is a problem.

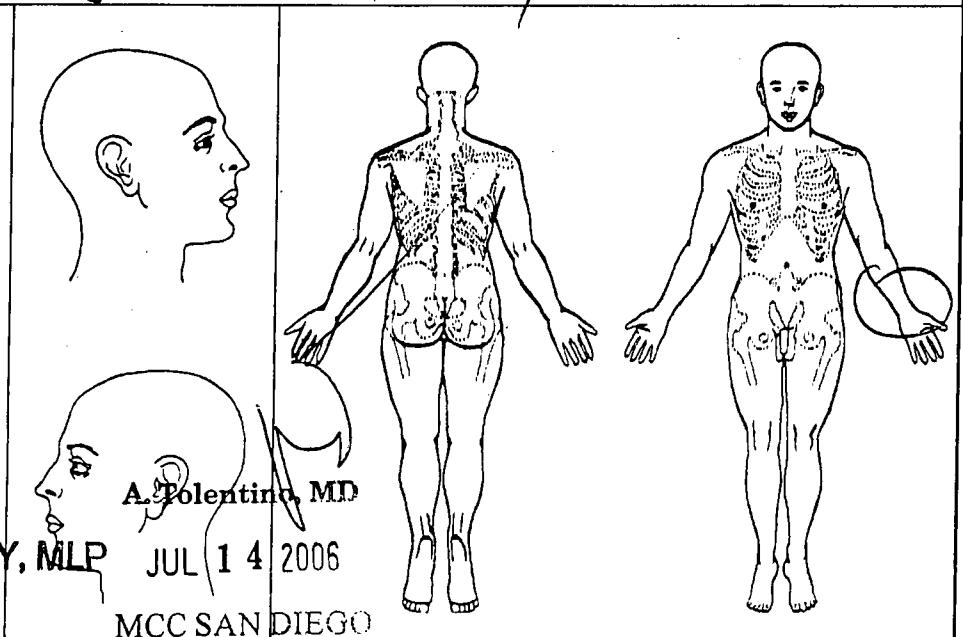
  
A. Tolentino, MD

JUL 14 2006

MCC SAN DIEGO

U.S. DEPARTMENT OF JUSTICE  
Federal Bureau of Prisons

INMATE INJURIES ASSESSMENT AND FOLLOWUP  
(Medical)

1. Institution <i>MCC SD</i>	2. Name of Injured <i>Lemire, Enjune</i>	3. Register Number <i>95287-198</i>
4. Injured's Duty Assignment <i>Nursing unit</i>	5. Housing Assignment <i>55</i>	6. Date and Time of Injury <i>6/27/06 1300</i>
7. Where Did Injury Happen (Be specific as to location) <i>55</i>	Work Related? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8. Date and Time Reported for Treatment <i>6/27/06 1400</i>
9. Subjective: (Injured's Statement as to How Injury Occurred)(Symptoms as Reported by Patient) <i>The floor was wet when I did not see I fell first on my side and used my forearms to brace my weight; I was flat on <del>my</del> the floor with all my weight.</i> <i>Eugenio G. Ray</i> Signature of Patient		
10. Objective: (Observations or Findings from Examination) <i>(P) swelling on the dorsal aspect of the forearm, (+) pain on movement of the (W) wrist</i>	X-Rays Taken <i>No X-ray</i>	X-Ray Results <i>Not Indicated</i>
11. Assessment: (Analysis of Facts Based on Subjective and Objective Data) <i>P/P Fracture of the Wrist</i>		
12. Plan: (Diagnostic Procedures with Results, Treatment and Recommended Follow-up) <i>Splint applied for X-ray (L) forearm. one to 3+ ft. motion freely. Cast to be removed on Jul 14 2006</i>		
13. This Injury Required: <input checked="" type="checkbox"/> a. No Medical Attention <input checked="" type="checkbox"/> b. Minor First Aid <input type="checkbox"/> c. Hospitalization <input type="checkbox"/> d. Other (explain) <hr/> <hr/> <input type="checkbox"/> e. Medically Unassigned <input type="checkbox"/> f. Civilian First Aid Only <input type="checkbox"/> g. Civilian Referred to Community Physician		
 <i>VIRGILIO CAMAGAY, MLP</i> <i>MCC SAN DIEGO</i> <i>A. Tolentino, MD</i> <i>JUL 14 2006</i> <i>MCC SAN DIEGO</i>		

Original - Medical File

Canary - Safety

Pink - Work Supervisor (Work related only)

Goldenrod - Correctional Supervisor

METROPOLITAN CORRECTIONAL CENTER  
100 UNION STREET

Self Carboned Form - If ballpoint pen is used, PRESS HARD

San Diego Sports Medicine  
6719 Alvarado Rd #200  
San Diego, Ca. 92120

Phone: (619)229-3932

SAN DIEGO SPORTS MEDICINE  
& ORTHOPEDIC CENTER

James A. Tasto, M.D.  
Steven Tradonsky, M.D.

Fax: (619) 582-2860

Correctional Facility

Phone#: \_\_\_\_\_

Fax#: \_\_\_\_\_

DATE: 8.18.06

PATIENT: Eufemia Ramirez #95287-198

DIAGNOSIS (1) distal radius/ulna Fr

TREATMENT PLAN: (1) Physical therapy - (1) wrist

ROM, strengthening

(2) ice packs (1) wrist pin

DEBRALACY, MD

RETURN FOR FOLLOW-UP 4 wks    months

AUG 23 2006

FOLLOW-UP X-RAYS AP/Lat (1) wrist

MRI/CT:   

Rina Jain, M.D.  
CA License #: A81238

SURGERY:   

6719 Alvarado Rd, STE 200  
San Diego, CA 92120  
Phone: (619) 229-3932  
Fax: (619) 582-2860

Provided but not provided.

## BP-S622.060 RADIOLOGIC CONSULTATION REQUEST/REPORT CDFRM

JUL 99

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

Patient Identification Name, Register Number, Institution  <i>Ramirez</i> <i>AT287-198</i> D.O.B. 9-14-34 M.C.C. SAN DIEGO	Age <u>69</u>	Sex <u>M</u>	Examination Requested <i>X-ray</i>
	Pregnant <u>Yes</u>	<u>No</u>	
	Diabetic <u>Yes</u>	<u>No</u>	Unit
	Requested by <i>PMV</i>		Date Requested <i>6/27/06</i>

Specific reason(s) for request (complaints and findings)  
*Hx y fall with end of wrench hand*

Date of Examination <u>JUN 27 2006</u>	Date of Report <u>6/28/06</u>	Date of Transcription <u>6/28/06</u>	Film# <u>3</u>
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Radiologic Report  
73090 LEFT FOREARM

**FINDINGS:** There is impacted Colles fracture with posterior angulation of the articular surface of the radius. There is overlying cast material.

**IMPRESSION:** Colles fracture with posterior angulation.

*A. Tolentino, MD*

*JUL 14 2006*

*MCC SAN DIEGO*

Signature *Louis O'Shaughnessy, MD, sm*

Location of Radiologic Facility  
METROPOLITAN CORRECTIONAL CENTER

808 UNION ST SAN DIEGO, CA 92101

Original - Medical Record; Copy - Physician; Copy - Radiology

This form replaces BP-S622 dtd AUG 96

1       4. Have you talked with any attorney about handling your claim?

2            ~~X~~ Yes      No

3       If "YES," give the following information about each attorney with whom you talked:

4 Attorney: Markwell Agha

5 When: January 3, 2008

6 Where: At - 160 Thorn St. San Diego, Ca. 92103

7 How (by telephone, in person, etc.): Telephone

8 Why attorney was not employed to handle your claim: stated he would  
help me but as of today he had not  
followed through in spite of many calls.

12 Attorney: N/A

13 When: N/A

14 Where: N/A

15 How (by telephone, in person, etc.): N/A

16 Why attorney was not employed to handle your claim:

17 N/A

20 Attorney: N/A

21 When: N/A

22 Where: N/A

23 How (by telephone, in person, etc.): N/A

24 Why attorney was not employed to handle your claim:

25 N/A

28 (Attach additional sheets as needed)

1       5. Explain any other efforts you have made to contact an attorney to handle your claim:

2                  My husband also tried to discuss my  
3                  case with 3 different attorneys. These  
4                  attorneys refused to take my case.  
5

6       6. Give any other information which supports your application for the court to appoint an  
7       attorney for you: I was given 6 months to  
8                  file and my deadline is forth coming.  
9

10

11

12       7. Give the name and address of each attorney who has represented you in the last 10 years  
13       for any purpose: Atty. Gerard J. Watson

14                  406 Ninth Ave, Suite 205  
15                  San Diego, California, 92101

16

17

For: Evasion Case

18

19

(Attach additional sheets as needed)

20

21

I cannot afford to obtain a private attorney. The details of my financial situation are listed  
below:

22

A. Employment

23

Are you employed now?  yes  no  am self-employed

24

Name and address of employer: Not applicable

25

26

27

28

- 1 If employed, how much do you earn per month? N/A
- 2 If not employed, give month and year of last employment: Approximately 20 years ago
- 3 How much did you earn per month in your last employment? \$3,000.00/mo
- 4 If married, is your spouse employed?  yes  no
- 5 If "YES," how much does your spouse earn per month? \$300.00/mo.
- 6 If you are a minor under age 21, what is your parents' or guardians' approximate monthly income? N/A

9           B.     Assets

10           (i)    Other Income

11           Have you received within the past 12 months any income from a business, profession or other  
12 form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity  
13 payments or other sources?  yes  no

14           If "YES," give the amount received and identify the sources:

	<u>\$ Received</u>	<u>Source</u>
15	<u>\$10,800.00</u>	<u>SSA</u>
16		
17		
18		
19		
20		
21		

22           As of March 18, 2008 it was discontinued.

28           (Attach additional sheets as necessary)

(ii) Cash

Have you any cash on hand or money in savings or checking accounts?  yes  no

If "YES," state total amount: \$50.00

(iii) Property

Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)?  yes  no

If "YES," give value and describe it:

### Value

### Description

N/A

N/4

C. Obligations and Debts

(i) Dependents

Your marital state is:  single  married  widowed, separated or divorced.

Your total number of dependents is : None

List those person you actually support, your relationship to them, and your monthly contribution to their support:

Name/Relationship

### Monthly Support Payment

Dan N. Ramirez-Husband \$100.00 - pas  
Monthly Support Payment

Dan H. Ramirez-Hubbard \$ 1100.00 rent

Pao N. Ramirez-Husband \$300.00 <sup>10/10/19</sup> certifies



# Social Security Administration Retirement, Survivors and Disability Insurance

## Important Information

Western Program Service Center  
P.O. Box 2000  
Richmond, California 94802-1791  
Date: May 12, 2008  
Claim Number: 553-64-6258A

000097582 02 SP 0.580 T350 T2R M04,0505,PC5,X,RI,BRE,105



EUFEMIA A RAMIREZ  
8246 UNIVERSITY AVENUE  
LA MESA CA 91941-3821

|||||...|||||...|||||...|||||...|||||...|||||...|||||...|||||

Based on the information we have, we cannot pay benefits beginning March 2008.

We cannot pay you because you are imprisoned for the conviction of a crime.

### Information About Medicare

We will continue to charge a monthly premium for your medical insurance under Medicare.

We will send your first bill for the premiums within a month. Each bill after that will be for a 3-month period.

### Overpayment Information

Since we did not stop your payments until May 2008, you were paid \$2,246.80 too much in benefits.

Enclosure(s):  
SSA-3105  
Refund Envelope

A handwritten signature, appearing to read "John Ramirez", is placed here.